Quarterly Stakeholder Meeting Agenda
State Demonstration to Integrate Care
for Full Benefit Medicare-Medicaid Enrollees

Call-In Meeting Minutes

[A simultaneous in-person meeting occurred in another room at the MS Society. The call-in meeting afforded attendees a better opportunity to participate and ask questions by phone.]

DATE:	**Tuesday, April 30, 2013**
CHECK-IN TIME:	1:00 p.m. – 1:30 p.m. MT
MEETING TIME:	**1:30 p.m. – 3:30 p.m. MT**
LOCATION:	**National Multiple Sclerosis Society** **900 South Broadway** **Denver, CO 80230** Google Map
CALL-IN:	**1-877-820-7831, Code: 946029#**

Please RSVP to Laura Pionke at 303-866-3980 to indicate whether you will be attending by phone or in person.

ITEM	AGENDA TOPIC	DURATION
1.	**Opening Remarks**	10 minutes
2.	**Advisory Subcommittee Update** **(Open Comment Period, Questions/Answers)**	20 minutes
3.	**RCCO Updates – Provider Recruitment** **(Open Comment Period, Questions/Answers)**	30 minutes
4.	**Project Update** **(Open Comment Period, Questions/Answers)**	30 minutes
5.	**Next Steps** **(Open Comment Period, Questions/Answers)**	20 minutes
6.	**Closing Remarks**	10 minutes

If you need special accommodations, please contact Laura Pionke at (303) 866-3980.

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Attendees:

Rob DeHerrera	Dave Rastatter
Julie Farrar	Casey Ryan
Bonnie Fuller	Barb Rydell
Elaina Hockaday	Jerry Smallwood
Colin Laughlin	Janine Vincent
Jenny Nate	Heidi Walling
George O'Brien	

[Some participant names were inaudible.]

Opening Remarks:
Colin Laughlin opened the meeting at 1:30 p.m. and welcomed and thanked everyone.

Advisory Subcommittee Update:
Colin mentioned the success of recent Advisory Subcommittee efforts and identified Demonstration issues most recently addressed:

(1) Enrollment materials.
(2) Quality measures.
(3) Beneficiary rights and protections.

Colin stated that the Subcommittee limited the number of topics that it addressed each meeting to allow for more in-depth discussion and feedback.

[Colin paused to ask people to mute their phones so that the group would not hear background music.]

RCCO Updates:
Colin discussed the importance of the RCCOs' ongoing provider recruitment efforts in conjunction with support from the Department (e.g., letters, phone calls, meetings).

The Statewide Data and Analytics Contractor (SDAC) was working to furnish information about Medicare-Medicaid providers to be contracted as Primary Care Medical Providers (PCMPs) in the Accountable Care Collaborative (ACC).

Dave Rastatter reported for RCCO Regions 2, 3, and 5 on the nature and success of their recruitment efforts.

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<u>Project Update</u>:
Colin reported on the project's progress since the last quarterly stakeholder meeting [the PowerPoint presentation is available with the minutes on the Department's web site].

He highlighted:

(1) Written protocols between the RCCOs and the Single Entry Point Agencies, Community-Centered Boards, Behavioral Health Organizations, Hospitals, Home Health Organizations, Skilled Nursing Facilities, and Hospice.

(2) Care Coordination principles that Patricia Yeager and Gary Montrose have been advancing through the Community Living Advisory Group's Care Coordination Subcommittee, which was formerly part of the Long-term Care Advisory Committee.

(3) The status of Medicare data. The SDAC received 2011 Parts A & B data. Part D data and 2012 Parts A & B data are not yet available. CMS also contracted with Acumen, LLC, to serve as the Statewide Data Resource Center (SCRC) to assist Demonstration states with accessing and formatting data.

(4) The earliest possible implementation date. Based on delays and issues with CMS on such topics as shared savings methodology and data, implementation could not occur before September 1 with a November 1 enrollment date.

(5) The submission of the implementation funding request at the end of May rather than in April. Since CMS had been unable to fund an enhanced per member per month (PMPM) amount to support the Demonstration's first-year implementation through the ACC, the Department increased its funding request to include infrastructure support for the RCCOs. The award would provide funding over 24 consecutive months. CMS anticipated a May submission date would result in a July award date. Later submission and award dates could be beneficial since funding would be received closer to the expected implementation date. A July award date would still align with a 2013 implementation date.

Colin asked if the call-in participants had any questions.

One participant asked about the budget neutrality of the funding request since the amount had been increased. Colin explained that CMS had been unable to obtain funds

to contribute to an enhanced per member per month amount. He stated that the Department remained confident that the Demonstration would happen.

Colin asked Julie Farrar, one of the Advisory Subcommittee Co-Chairs, to provide a brief update. Julie reported that the ACC Program Improvement Advisory Committee (PIAC), Long-term Care Advisory Committee, and Community Living Advisory Group share common interests with overlapping efforts. Data collection, meaningful data sharing, quality assurances, and person-centered goals were some of the most common concerns. Julie expressed the desire for strategic partners to coordinate efforts. She stated that many opportunities for collaboration exist, which would be preferable to independent, siloed conversations.

Next Steps:
Colin summarized next steps for the Demonstration. These included activities such as ongoing conversations with CMS, development and execution of a memorandum of understanding (MOU), the readiness assessment, activities and recommendations by the Advisory Subcommittee, ongoing project operations in the Department, and an updated project timeline when more information is gained.

He mentioned the next Advisory Subcommittee meeting would occur on May 14.

A participant asked about the most recent draft of the Single Entry Point (SEP) and RCCO written protocol. Colin mentioned that it was available on the web page; he also offered to email the information.

Closing Remarks:
Colin thanked the Multiple Sclerosis Society for its fantastic support in providing excellent meeting facilities for the Demonstration's Advisory Subcommittee and Quarterly Stakeholder meetings, free of charge. He reminded everyone that all project and meeting materials would continue to be posted on the Demonstration's web page on the Department's web site.

Colin introduced Ryan Biehle, expected to be Colin's replacement as the new Policy and Stakeholder Specialist, hopefully starting on the project soon.

Colin said the next Quarterly Stakeholder meeting would be late in July.

Colin thanked everyone for their continued support throughout the project.

Someone asked about the progress of the in-person meeting. Colin explained the simultaneous, separate phone-in option. He said that he would be happy to follow up with participants after the meeting.

One participant from Pueblo suggested that staff from physician business offices, who actually know billing and coding, should be hired to work on the project. Billing Medicare and Medicaid correctly could be very confusing. The caller suggested that streamlining administrative procedures would save a lot of money.

Colin thanked everyone again.

[The meeting ended at 2:15 p.m.]